MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82a)

CERTIFICATE OF DEATH

10069

Reg. Dist. No. 185

CITIES CORPORATE LIMITS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Harford,

City or town Havre de Grace, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) abt. 25 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City or town Havre-de-Grace Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Adams Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Peter Babee,

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
Male,	white	Married,

6 (b) Name of ~~husband or~~ wife Persua Pole Babee,

6 (c) If alive, give age abt. 44 years

7. Birth date of deceased (mo., day, yr.) February 22 - 1890.

8. AGE: Years	Months	Days	If less than one day
49	8	7	____ hrs. ____ min.

9. Birthplace Austria, (Town, county, and state)

10. Usual occupation Store keepers.

11. Industry or business

FATHER 12. Name Michael Babee.

FATHER 13. Birthplace austria,

MOTHER 14. Maiden name Undergoun.

MOTHER 15. Birthplace Austria.

16. Informant Lee Babee,

Address Havre de Grace, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Oct. 19-39. (month) (day) (year)

Cemetery ~~or crematory~~ Mt. Erin Cemetery,

Location Havre de Grace Md.

18. Funeral director Remington & Son,

Address Havre de Grace, Md.

19. Oct - 18th 1939 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 15 1939, at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1939, to Oct 15 1939, and that I last saw h~~er~~ alive on Oct 13 1939.

Primary cause: Cerebral hemorrhage

Immediate cause of death	DURATION
Arteria Sclerosis	5 yrs.
Hypertension	5 yrs.
~~Due to~~ Hemiplegia	4 yrs.
Due to Hypostatic Pneumonia, Bronchial	5 days
Other conditions Cardiac Failure	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles J. Foley M.D.

M. D. or other

Address 1 Havre de Grace Md. Date signed 10/17/39

RECEIVED
NOV 3 1966
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

10070

Reg. Dist. No. 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford
City or town: Edgewood
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Bartolec

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	single

8 (b) Name of husband or wife:
8(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 1 '39

8. AGE: Years | Months | Days | If less than one day: still born ____hrs. ____min.

9. Birthplace: MD.
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: Andrew Bartolec
13. Birthplace: Penna

MOTHER
14. Maiden name: Hazel Davis
15. Birthplace: Penna

16. Informant: Andrew Bartolec
Address:

17. _____ (Burial, cremation, or removal. Which?) Date thereof: Oct. 3, 1939 (month) (day) (year)

Cemetery or crematory:

Location: Edgewood, Md.

18. Funeral director:
Address:

19. Oct 3 1939 (Date rec'd by registrar) Emily M. Shipley Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 1 '39 19____, at ____M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death	DURATION
Still born	
Due to: 4 months	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Dt operations:
Dt autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Mark Roth M. D. or other
Address: Edgewood Date signed: Oct 2. 39

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

10071

Reg. Diat. No. 184

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Harford

City or town: Cardiff, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Entire Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Cardiff Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Main
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Anna P. Beattie

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): November 30, 1849

8. AGE: Years	Months	Days	If less than one day
89	11	26	hrs. min.

9. Birthplace: Baltimore Co. Md.
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: at home

FATHER
12. Name: John Beattie
13. Birthplace: Scotland

MOTHER
14. Maiden name: Agnes Swan
15. Birthplace: Scotland

16. Informant: Lois Dallam
Address: Cardiff, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 29, 1939 (month) (day) (year)

Cemetery or crematory: Slate Ridge

Location: near Delta, Pa.

18. Funeral director: Hubert P. Harkins

Address: Delta, Pa.

19. Oct. 28, 1939 (Date rec'd by registrar) H. L. S. McNabb Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 26 1939, at 10 25 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1937 to Oct. 26 1939, and that I last saw h er alive on Oct. 26 1939.

Immediate cause of death	DURATION
Generalized Arteriosclerosis	
Myocardial failure.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Josiah A. Hunt, MD
M. D. or other

Address: Cardiff, Md Date signed Oct 28, 1939

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NOV 7 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (50)

Reg. Dist. No. 18-

CERTIFICATE OF DEATH

10072

1. PLACE OF DEATH:
(a) County Harford
(b) City or town Havre de Grace, Md (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital or institution: Harford Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Cecil
(c) City or town Calara, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Bechtel

3 (b) If veteran, name war

3 (c) Social Security No.

4 Sex: Female

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 17, 1864

8. AGE: Years 65 | Months 1 | Days 2 | If less than one day hr. min.

9. Birthplace Maryland (Town, County, and State)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name George K Bechtel
13. Birthplace Pa

MOTHER
14. Maiden Name Mary Bechtel
15. Birthplace Pa.

16 (a) Informant Reda Bechtel
(b) Address Rising Sun Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-1939 (month) (day) (year)
(c) Cemetery or crematory West Nottingham
Location Colora Md.

18 (a) Funeral director Ralph M Reed
(b) Address Rising Sun, Md.

19 (a) Oct-20th (Date rec'd by registrar) (b) Jessie H Bay M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 19 1939, at 10:22 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1st 1939, to Oct 19 1939, and that I last saw him alive on Oct 19 1939.

Immediate cause of death	Duration
Acute Myocarditis	
Primary Carcinoma	
Due to Uremia	
Primary Carcinoma of right breast	
Due to Duration eight years	
Other condition Cachexia	
Secondary in axillary glands	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles J Foley M.D. M. D. or other
Address Havre de Grace Md Date signed 10/19/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10073

Reg. Dist. No. 184

1. PLACE OF DEATH:

County Harford

~~City or~~ town Darlington Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Harford

~~City or~~ town Darlington Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Emma Brinkman

3. (b) Social Security Number

4. Sex: Female | 5. Color or race: White | 6. (a) ~~Single, married~~, widowed, ~~or divorced~~: Widow

6 (b) Name of husband ~~or wife~~: Robert Thomas Brinkman

6 (c) If alive, give age: Dead years

7. Birth date of deceased (mo., day, yr.): Nov. 16 1857

8. AGE: Years: 81 | Months: 10 | Days: 25 | If less than one day: hrs. min.

9. Birthplace: Va. (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: At Home

FATHER 12. Name: Unknown

13. Birthplace

MOTHER 14. Maiden name: Unknown

15. Birthplace

16. Informant: Mrs. Elizabeth Costner

Address: 231 Jackson St, Lancaster Pa.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Oct. 14 1939 (month) (day) (year)

~~Cemetery or crematory~~: Darlington Cem.

Location: Darlington, Harford Co, Md.

18. Funeral director: H. S. Bailey

Address: Darlington, Md.

19. Oct. 13 1939 (Date rec'd by registrar) M. W. Kirk Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct - 11 1939, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 28 1939, to Oct 11 1939, and that I last saw her alive on Oct 11 1939.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	Sept 28
Due to: Natural	
Due to: ✓	
Other conditions: No	

(Includes pregnancy within 3 months of death)

Major findings:

Of operations: ✓

Of autopsy: ✓

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ✓ Date of

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. C. Snodgrass M. D. or other

Address Darlington Date signed 10/12/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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NOV 7 1939
BUREAU V. S.

10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

10074

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford

City or town Joppa
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Brown

3. (b) Social Security Number

4. Sex Male

5. Color or race Col

6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 19, 1939

8. AGE: Years Still born | Months | Days | If less than one day hrs. min.

9. Birthplace
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Perry Brown
13. Birthplace Md.

MOTHER
14. Maiden name Louise Quickley
15. Birthplace Md.

16. Informant Perry Brown
Address Md

17. (Burial, cremation, or removal, Which?) Date thereof Oct 20 1939 (month) (day) (year)

Cemetery or crematory Tabernacle

Location Benson, Md

18. Funeral director Hornberger & Gross

Address Benson Md

19. Oct 20 1939 (Date rec'd by registrar) N E Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 19 1939, at 6:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 19 1939, to 19

and that I last saw h — alive on — 19

Immediate cause of death Prematurity at 4 months gestation

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Gerald C. Palmer M.D.
M. D. or other

Address Bel Air, Md Date signed Oct 20, 1939

RECEIVED
NOV 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (213-d)

10075

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:
County Harford Co.
City or town Aberdeen, Md. R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Spesutia Island
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1602 Park Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME George Richard Callis IV

3. (b) Social Security Number

4. Sex Male | 5. Color or race White | 6. (a) Single, married, widowed, or divorced Single

8 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 12 1914

8. AGE: Years 25 | Months 6 | Days 3 | If less than one day ___ hrs. ___ min.

9. Birthplace Catonsville Balto. Co. Md.
(Town, county, and state)

10. Usual occupation Auditor

11. Industry or business

FATHER
12. Name George R. Callis 3rd
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden name Elizabeth Eisenhardt
15. Birthplace Baltimore, Md.

16. Informant Father (Mr. George R. Callis 3rd)
Address 1602 Park Avenue

17. Cathedral Cem. (Burial, ~~cremation, or removal. Which?~~) Date thereof Oct 18-1939 (month) (day) (year)
Cemetery or ~~cremetory~~ Cathedral Cemetery
Location Old Frederick Road, Balto. Md.

18. Funeral director Henry W. Mears & Son
Address 805 N. Calvert St.

19. Oct. 16 1939 (Date rec'd by registrar) O. C. Michael Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 14 1939, at Between 4-6 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death Drowning accidental
A boat was involved. C.W.G.R.
Due to Deceased, with Conrey Martindale, went sailing around Spesutia Island. The day
Due to was quite windy, and their boat mer-turned.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of Oct 14
Where did injury occur? Near Spesutia Island - Harford Co.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Chesapeake Bay
Means of injury Injured at work? No

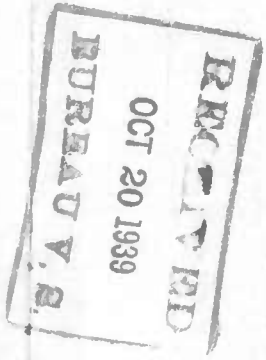
23. SIGNATURE J. H. Lamsa M.D.
M. D. or other
Dep. Med. Exam.
Address Aberdeen Date signed Oct. 14, 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully ~~be~~ supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Aberdeen 54
John G. Tarring



MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 185

CITIES CORPORATE LIMITS OF

CERTIFICATE OF DEATH

10076

1. PLACE OF DEATH:

(a) County Harford County

(b) City or town Havre de Grace Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Harford Memorial Hospital

(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 10

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Oregon (b) County

(c) City or town Portland (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Cameron

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife unknown

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 8 - 1886

8. AGE: Years 53 Months 9 Days 1 If less than one day — hr. — min.

9. Birthplace Portland, Oregan (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER

12. Name Andy Cameron (deceased)

13. Birthplace Oregon

MOTHER

14. Maiden Name unknown

15. Birthplace Oregon

16 (a) Informant William Cameron

(b) Address Portland, Oregon.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Oct. 11 - 39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ County

Location Havre de Grace Md

18 (a) Funeral director Pennington Son.

(b) Address Havre de Grace, Md.

19 (a) Oct. 11th (Date rec'd by registrar) (b) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death Oct. 10 1939, at 8 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1939, to Oct 10 1939, and that I last saw him alive on Oct 10 1939.

Immediate cause of death Chronic Nephritis

Due to Aortic Regurgitation

Due to Bronchial asthma

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. S. Sewers M.D. M. D. or other

Address Havre de Grace Date signed Md

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

10077

Reg. Dist. No. 184

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Darlington, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Harford
City or town Darlington Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Dorothy Carr

3. (b) Social Security Number None

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: Single
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Oct. 17, 1939
8. AGE: Years: Still born | Months | Days | If less than one day: ____ hrs. ____ min.
9. Birthplace: Darlington Harford Co., Md.
(Town, county, and state)
10. Usual occupation: None
11. Industry or business: None
FATHER 12. Name: Nelson Carr
FATHER 13. Birthplace: Harford Co., Md.
MOTHER 14. Maiden name: Ethel Kauffman
MOTHER 15. Birthplace: Lancaster Co., Pa.
16. Informant: Nelson Carr
Address: Darlington, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 17, 1939 (month) (day) (year)
Cemetery or crematory: Darlington Cem.
Location: Harford Co., Md.
18. Funeral director: H. L. Bailey
Address: Darlington Md.
19. Oct. 17 1939 (Date rec'd by registrar) M. C. Kirk Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 17 1939, at 2 20 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Did not see 19 to Last a Visit
and that I last saw h alive on 19
Immediate cause of death: Breathed only a few minutes — DURATION
Due to: Premature birth
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE W. E. Gallion M. D. or other
Address Darlington Date signed Oct 18-39

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 82-a

1939 81 10078

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Joppa
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) Life
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town Joppa Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Jane Ernst.

3. (b) Social Security Number

4. Sex Female
5. Color or race W
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband ~~or wife~~ John F. Ernst
6(c) If alive, give age 82 years
7. Birth date of deceased (mo., day, yr.) Jan 15, 1858
8. AGE: Years 80 Months 8 Days 24 If less than one day hrs. min.
9. Birthplace Harford Co. Md. (Town, county, and state)
10. Usual occupation Home Wife
11. Industry or business
FATHER 12. Name Thomas Brazier
13. Birthplace Md.
MOTHER 14. Maiden name Nancy Turner
15. Birthplace Md.
16. Informant Mr John Ernst.
Address Joppa Md.
17. (Burial, ~~cremation, or removal.~~ Which?) Date thereof Oct. 12 1939 (month) (day) (year)
Cemetery or crematory Mountain Church
Location The Mountain, Md.
18. Funeral director Hamburger & Gross.
Address Benson Md.
19. Oct 10 1939 (Date rec'd by registrar) N. E. Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 9 - 39 19 at 9:40 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 2 19 39 to Oct 9 19 39, and that I last saw h~~im~~er alive on Oct 9-39 19
Immediate cause of death Cerebral Hemorrhage — DURATION 3 days
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Clayton Roth M. D. or other
Address Edgewood Md Date signed Oct 10 39

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WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (51-C)

Reg. Dist. No. 185

10079

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Harford
(b) City or town Havre de Grace (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Harford Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 Days
(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Perryman (If outside city or town limits, write RURAL and give town)
(d) Street No. Md. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Charles Oliver Fadeley

3 (b) If veteran, name war: no

3 (c) Social Security No. 212-18-8473

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~: Mary S. Fadeley

6. (c) If alive, give age: Dead years

7. Birth date of deceased (mo., day, yr.): Jan 27, 1861

8. AGE: Years 78 | Months 8 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace: Alexandria, Va. (Town, county, and state)

10. Usual occupation: Watchman

11. Industry or business: Race Track

FATHER 12. Name: Charles Fadeley
13. Birthplace: Va.

MOTHER 14. Maiden Name: Lennie Moore
15. Birthplace: Va.

16 (a) Informant: Mr. George B. Fadeley
(b) Address: Havre de Grace, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 19 1939 (month) (day) (year)
(c) Cemetery or crematory: Angel Hill
Location: Havre de Grace Md.

18 (a) Funeral director: R. Madison Mitchell
(b) Address: Havre de Grace, Md.

19 (a) Oct. 19 1939 (Date rec'd by registrar) (b) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death Oct. 17 1939, at 2 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1 1939, to Oct. 17 1939, and that I last saw him alive on Oct. 17 1939.

Immediate cause of death	Duration
acute nephritis (glomerular)	1 mos.
Due to carcinoma of prostate	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Frank Wolbert M.D. (M. D. or other)
Address: Havre de Grace Md. Date signed Oct 18 1939

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

10080

1. PLACE OF DEATH

County Harford — Registration Dist. No. 18 a

Village or City Jaffa — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Leroy Amos Gilbert — If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 8 1938

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ____

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Jaffa - Md
(State or country)

FATHER

13. NAME Thelma Gilbert

14. BIRTHPLACE (city or town) Magnolia Md
(State or country)

MOTHER

15. MAIDEN NAME Charlotte

16. BIRTHPLACE (city or town) Magnolia Md
(State or country)

17. INFORMANT Thelma Gilbert
(Address) Magnolia Md

18. BURIAL, CREMATION, OR REMOVAL
Place Fosters Hill, Date Oct 22, 1939

19. UNDERTAKER Howard K. McComas,
(Address) Abingdon, Md.

20. FILED Oct 20, 1939 Emily M. S. Kipsley
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 19 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____

I last saw h____ alive on ____, 19____; death is said to have occurred on the date stated above, at 10:30 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Malnutrition	
Bronchopneumonia	

Other Contributory Causes of Importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) J. H. Ramsey Dep. Asst. Examiner M. D.

(Address) Aberdeen, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. ____

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (46-2)

10081

CERTIFICATE OF DEATH

Reg. Dist. No. 184

1. PLACE OF DEATH:
County Harford
~~City or~~ town Darlington, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 56 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Harford
~~City or~~ town Darlington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Laura Hopkins Gorrell

3. (b) Social Security Number None

4. Sex Female
5. Color or race White
6. (a) ~~Single~~, married, ~~widowed, or divorced~~ Married
6 (b) Name of husband or wife J. Herbert Gorrell
Alive
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 3, 1883

8. AGE: Years 56 Months 1 Days 23 If less than one day hrs. min.

9. Birthplace Harford Co., Md.
(~~Town~~, county, and state)
10. Usual occupation Housework
11. Industry or business At Home
FATHER 12. Name C. Reed Jourdan
13. Birthplace Harford Co., Md.
MOTHER 14. Maiden name Martha J. Hopkins
15. Birthplace Harford Co., Md.
16. Informant J. Herbert Gorrell
Address Darlington Md.
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Oct. 29, 1939 (month) (day) (year)
Cemetery or crematory Darlington Cem.
Location Harford Co., Md.
18. Funeral director H. S. Bailey
Address Darlington, Md.
19. Oct. 28, 1939 (Date rec'd by registrar) M. W. Kirk Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 26 1939, at 5 p.m. 15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1937 to Oct. 26 1939, and that I last saw her alive on Oct. 26 1939.

Immediate cause of death Carcinoma of rectum — DURATION 2 yrs
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Carcinoma of rectum
Of autopsy none

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE N. E. Gallion M. D. or other
Address Darlington Date signed 10-28-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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12

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (45-A)

CERTIFICATE OF DEATH

10082

Reg. Dist. No. 182

1. PLACE OF DEATH:
County Harford
City or town Near - Bel Air - Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town Near - Bel Air Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harry Oliver Grant

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
m	w	married

6 (b) Name of husband or wife ~

6(c) If alive, give age ~ years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
65-70			hrs. min.

9. Birthplace (Town, county, and state)
10. Usual occupation Machinist
11. Industry or business
FATHER 12. Name
13. Birthplace
MOTHER 14. Maiden name
15. Birthplace
16. Informant Charles Wagner
Address Bel Air R.D. Md.
17. (Burial, cremation, or removal. Which?) Date thereof Oct-25-1939 (month) (day) (year)
Cemetery or crematory County Home
Location Near Bel Air Md
18. Funeral director Dean & Forles
Address Bel Air Md
19. Oct-21-1939 (Date rec'd by registrar) M E Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 21, 1939, at 11A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~ 19 ~, to ~ 19 ~, and that I last saw h~ alive on ~ 19 ~.

Immediate cause of death Generalized Carcinomatosis — DURATION
Due to Carcinoma lip with metastasis to Stomach
Due to ~
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. S. Ramsey M. D.
M. D. or other
Dep. Med. Examiner
Address Aberdeen Md. Date signed 10/21/39

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10083

Reg. Dist. No. 182

1. PLACE OF DEATH:
County Harford
City or town nr. Bel Air
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Mich. County Wayne
City or town Detroit Mich Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 18984 Muirland Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Claude Hanway

3. (b) Social Security Number 378-07-1017

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife May Sexton Hanway
6(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Jany 8- 1880

8. AGE:

Years	Months	Days	If less than one day
59	9	23	hrs. min.

9. Birthplace Forest Hill Harford Co Md
(Town, county, and state)
10. Usual occupation Treas. of Franchard
11. Industry or business Trailer Mfg Co.

FATHER
12. Name Wm E Hanway
13. Birthplace (High Point) Harford Co Md

MOTHER
14. Maiden name Amanda Ashton
15. Birthplace Harford Co Md

16. Informant Mrs May S. Hanway
Address 18984 Muirland Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 2-1939 (month) (day) (year)
Cemetery or crematory Rock Spring
Location Harford Co Md
18. Funeral director Dean & Isaac
Address Bel Air, Md.

19. Nov. 1 1939 Virginia Chambers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION Between 11:30-1 PM

20. DATE OF DEATH Oct. 31 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19,
and that I last saw h alive on 19.

Immediate cause of death	DURATION
Hemorrhage from gunshot wound of heart & lungs	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Suicide Date of 10/31/39
Where did injury occur? Forest Hill, Harford Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Church entrance
Means of injury Gunshot wound Injured at work? No

23. SIGNATURE J. H. Lamsey M. D.
Dep. Md. Examiner
M. D. or other
Address Aberdeen Md. Date signed 10/31/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94B)

10084

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford

City or town Forest Hill
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) Life

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Harford

City or town Forest Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Emma A Harkins

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of husband or wife: Benj Harkins

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan 3, 1855.

8. AGE: Years 84 Months 9 Days 16 If less than one day ____ hrs. ____ min.

9. Birthplace Md
(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Daniel Jones.
13. Birthplace Md

MOTHER
14. Maiden name Sarah Doard
15. Birthplace Md

16. Informant Mrs Harry Monks
Address Forest Hill Md

17. (Burial, cremation, or removal. Which?) Date thereof Oct 14 (month) (day) (year)

Cemetery or crematory Centre M E Cem

Location Forest Hill Md

18. Funeral director Chas E Gross

Address Benson Md

19. Oct 14 1939 N E Richardson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 12 1939, at 6A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1938, to Oct 12 1939, and that I last saw her alive on Oct 11 1939.

Immediate cause of death Coronary Thrombosis — DURATION 1/2 hr.

Due to

Due to

Other conditions Cerebral Arterio-Sclerosis
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Willard P. Hudson
M. D. or other

Address Forest Hill, Md Date signed 10/12/39

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STATE OF MARYLAND—CERTIFICATE OF DEATH

10085

1. PLACE OF DEATH (8)

County Harford Co. Registration Dist. No. 182

Village or City (Mesa) Street Post Office No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Infant Hash

(a) Residence: No. Fern Cliff, Harford Co., Md. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct 20-39

7. AGE	Years	Months	Days	If LESS than 1 day, — hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Near Street Md (State or country) Harford

FATHER

13. NAME Robt J Hash

14. BIRTHPLACE (city or town) Fox (State or country) Va

MOTHER

15. MAIDEN NAME Reba Halsey

16. BIRTHPLACE (city or town) Mt. of Wilson (State or country) Va

17. INFORMANT Robt J Hash (Address) Street Md

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Grove Date Oct 21, 1939

19. UNDERTAKER Dean & Foster (Address) Bel Air Md

20. FILED Oct 21, 1939 N. E. Richardson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 20 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1939, to Oct 20, 1939

I last saw h___ alive on ___, 19___; death is said to have occurred on the date stated above, at 6 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Still born (death due to thromboses of veins in cord)

Date of onset

Other Contributory Causes of Importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) Willard P. Hudson M. D.

(Address) Forest Hill Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

10086

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Harford Co

City or town Gibson
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Near Bel Air - Md.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Harford

City or town Gibson, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Near Bel Air, Md.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie Jean Hoopes

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

8 (b) Name of husband or wife Dr Herbert Hoopes

6(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Oct. 6 - 1875

8. AGE:

Years	Months	Days	If less than one day
63	11	25	____hrs. ____min.

9. Birthplace Fallston Harford - Md
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name William T Watson
13. Birthplace Baltimore Md

MOTHER
14. Maiden name Elizabeth Amos
15. Birthplace Harford Co, Md

18. Informant Dr. Herbert Hoopes
Address Bel Air, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 3, 1939 (month) (day) (year)

Cemetery or crematory Friends Cemetery

Location Forest Hill, Harford - Md

18. Funeral director Dean & Foster

Address Bel Air, Md

19. Oct. 2 1939 V. E. Chambers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 1 - 1939, at 7.15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 1 1936, to Oct 1 1939, and that I last saw h-er alive on Sept 30 1939.

	DURATION
Immediate cause of death Cerebral hemorrhage terminating a Chr. glomerular	
Due to Nephritis of 3 yrs duration	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Willard P. Hobson
M. D. or other

Address Forest Hill Md Date signed 10/2/39

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NOV 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10087

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (131)

County Harford — Registration Dist. No. 181

Village or City Aberdeen — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 95 yrs. 2 mos. — ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Jane Elliott Kennedy — If U. S. Veteran, specify WAR ____

(a) Residence: No. Block Oakland St., Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5e. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Dr. James H. Kennedy

6. DATE OF BIRTH (month, day, and year) July 10th 1844

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
95	3	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Harford Co. (State or country) Maryland

FATHER

13. NAME Dr. Morgan Elliott

14. BIRTHPLACE (city or town) ____ (State or country) ____

MOTHER

15. MAIDEN NAME Elizabeth Hunter

16. BIRTHPLACE (city or town) Harford Co. (State or country) Maryland

17. INFORMANT Mrs. Howard H. Mitchell (Address) Aberdeen Md. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL Place Grove Cemetery Date Oct. 17th 1939

19. UNDERTAKER Henry Fanning Sons (Address) Aberdeen Md.

20. FILED Oct. 16, 1939 — O. C. Michael, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 15 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1939, to Oct 15, 1939

I last saw her alive on Oct 13, 1939; death is said to have occurred on the date stated above, at 6a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cardio Renal Vascular Disease	
Other Contributory Causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) H. L. Kennedy M. D.

(Address) Perryman, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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NOV 3 1933
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10088

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

213-d

CERTIFICATE OF DEATH

Reg. Dist. No. 181-

1. PLACE OF DEATH:

County Harford

City or town Aberdeen R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spesutia Island

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Balto.

City or town Pikesville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Milford Rd.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Courtney Van Martindale

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5, 1909

8. AGE: Years 30 Months 2 Days 9 If less than one day hrs. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual occupation Salesmanager

11. Industry or business Keebler & Co

FATHER
12. Name Murray Martindale
13. Birthplace Tenn.

MOTHER
14. Maiden name Mary Van
15. Birthplace Tenn

1B. Informant Miss. Martindale

Address Pikesville Md

17. (Burial, cremation, or removal. Which?) Date thereof Oct. 17, 1939 (month) (day) (year)

Cemetery or crematory Druid Ridge Cem.

Location Baltimore

1B. Funeral director William J. Tickner & Sons

Address Penn & North Ave. Balto., Md

19. Oct. 16 1939 O. C. Michael
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 14 1939, at Between 4-6 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death Drowning - Accidental

A boat was involved. C.W.G.R.

Due to Deceased, with George Callis, went sailing around Spesutia Island. The day was quite windy, and their boat overturned.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Oct. 14, 1939

Where did injury occur? Spesutia Island - Harford Co.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Chesapeake Bay

Means of injury Injured at work? No

23. SIGNATURE J. H. Lawson M.D.
Dep. Med. Exam.
M.D. or other

Address Aberdeen Date signed Oct. 14, 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 20 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

CERTIFICATE OF DEATH

10089

Reg. Dist. No. 184

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Harford

City or town: Rural near Delta, Pa.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 77 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Rural near Delta Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: James Clinton McLaughlin

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 5, 1862

8. AGE:

Years	Months	Days	If less than one day
77	7	16	hrs. min.

9. Birthplace: Harford Co. Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Joshua McLaughlin
13. Birthplace: Harford Co. Md.

MOTHER
14. Maiden name: Mary McCullough
15. Birthplace: Harford Co. Md.

16. Informant: Chester McLaughlin
Address: Delta, Pa. R. D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 24, 1939 (month) (day) (year)

Cemetery or crematory: Mt. Nebo Cemetery

Location: Slate Hill, Pa.

18. Funeral director: Hubert P. Harkins

Address: Delta, Pa.

19. Oct. 23rd 1939 (Date rec'd by registrar) H. L. S. McNabb Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 21 1939, at 2 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 14 1939 to Oct 21 1939, and that I last saw h- im- alive on Oct 21 1939

Immediate cause of death: Chronic Myocarditis — DURATION: 30 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public piece (where?)

Means of injury Injured at work?

23. SIGNATURE: Alan C. Smith MD
M. D. or other

Address: Delta Pa Date signed 10-23-39

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NOV 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 185

CITIES CORPORATE LIMITS OF

CERTIFICATE OF DEATH

10090

1. PLACE OF DEATH:

(a) County Harford

(b) City or town Havre de Grace (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Harford Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State N-Y. (b) County

(c) City or town Jamaica (If outside city or town limits, write RURAL and give town)

(d) Street No. 107-27 Union Hall St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Nipson.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race Negro

6 (a) Single, ~~married~~, widowed, or ~~divorced~~. widower

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years 70 almost | Months | Days | If less than one day ___ hr. ___ min.

9. Birthplace Charleston S C. (Town, county, and state)

10. Usual occupation Barber

11. Industry or business

FATHER
12. Name Henry Nipson
13. Birthplace Charleston S.C.

MOTHER
14. Maiden Name Julida Days.
15. Birthplace Charleston S.C.

16 (a) Informant Henry Nipson
(b) Address Hospital Record

17 (a) Burial (Burial, ~~cremation~~, or ~~removal~~) (b) Date thereof Oct. 11-39. (month) (day) (year)

(c) Cemetery ~~or crematory~~ County

Location Havre de Grace, Md.

18 (a) Funeral director Pennington Son.

(b) Address Havre de Grace, Md.

19 (a) Oct-11th (Date rec'd by registrar) (b) James H Bay Md Registrar

MEDICAL CERTIFICATION

20. Date of death October 7th 1939, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 23d 1939, to Oct. 7th 1939, and that I last saw him alive on Oct. 7th 1939.

Immediate cause of death Chronic Nephritis Chronic myocarditis

Due to Cardiac Inefficiency

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address Havre de Grace Md Date signed 10/9/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 3 1939
BUREAU M.E.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (210-m)

Reg. Dist. No. 185 — 10091

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Harford County

(b) City or town Where do I live (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 501 Lemmon Ave. Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in this community (yrs., mos., or days) 1 year

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Harford

(c) City or town ~~Abington~~ Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 124 South Eden St. Baltimore (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Thomas John Todwich

3 (b) If veteran, name war

3 (c) Social Security No. 212-18-0598

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not known

8. AGE: Years	Months	Days	If less than one day
about 39			____ hr. ____ min.

9. Birthplace Austria (Town, county, and state)

10. Usual occupation Farm Hand.

11. Industry or business Farm Hand.

FATHER 12. Name Not known

13. Birthplace

MOTHER 14. Maiden Name Not known

15. Birthplace

16 (a) Informant Mr. Frank Stein

(b) Address Abington, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 27 (month) (day) (year)

(c) Cemetery or crematory St Francis

Location Abingdon Md

18 (a) Funeral director Howard K Melcomb

(b) Address Abingdon Md

19 (a) Oct 26th (Date rec'd by registrar) (b) James H Bay M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death Oct. 26 1939, at 10:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw him alive on ____ 19____.

Immediate cause of death	Duration
Cerebral Concussion, Comp. Comminuted Fx. upper third Tibia & Fibula (Right)	
Due to Fx. both Tibia & Fibula	
Due to upper third	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence Oct. 23, 1939

(c) Where did injury occur? Abington (City or town) Harford (County) Md. (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Public Road (Specify type of place) While at work? No

(e) Means of injury Struck By automobile

23. Signature J. H. Lamm M.D. (M.D. or other)

Address Aberdeen, Md. Dep. Md. Examiner Date signed 10/26/39

RECEIVED
NOV 3 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 52

CERTIFICATE OF DEATH

10092

Reg. Dist. No. 184

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Darlington Md,
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town Darlington, Md, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert E. Prigg

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name ~~of husband or~~ wife Clara Prigg

6(c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) Dec 8, 1851

8. AGE: Years	Months	Days	If less than one day
87	10	8	hrs. min.

9. Birthplace Lancaster Co., Penna.
(Town, county, and state)

10. Usual occupation Bookkeeper

11. Industry or business Paper Mill

FATHER 12. Name W. S. T. Prigg

FATHER 13. Birthplace Lancaster Co. Penna.

MOTHER 14. Maiden name Sarah Ely

MOTHER 15. Birthplace Harford Co., Md.

16. Informant Mrs. Kenton Whitaford

Address Darlington, Md.

17. Burial Date thereof Oct. 18, 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery ~~or crematory~~ Darlington Cem

Location Harford Co. Md.

18. Funeral director H. S. Bailey

Address Darlington, Md.

19. Oct. 17 1939 M. N. Kirk
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16 1939, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1938, to Oct 16 1939, and that I last saw h alive on Oct 10 1939

Immediate cause of death	DURATION
Pregnancy	
Left Fallopian tube	
Due to Ectopic	
Due to	
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L. P. Snodgrass M. D. or other
Address Darlington Date signed 10/16/39

RECEIVED
NOV 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (186-a) Reg. Dist. No. 183

10093

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Harford
(b) City or town Havre de Grace, Md (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Harford Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Woodlawn (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Isadoro Pucellio

3 (b) If veteran, name war | 3 (c) Social Security No.

4. Sex male | 5. Color or race white. | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~ married.

6 (b) Name of ~~husband or~~ wife Teressa Pucelli.

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10-1896.

8. AGE: Years 43 | Months 5 | Days 9. | If less than one day hr. min.

9. Birthplace Rome - Italy. (Town, connty, and state)

10. Usual occupation Cement finisher.

11. Industry or business

FATHER
12. Name Vincent Pucelli.
13. Birthplace Rome - Italy.

MOTHER
14. Maiden Name unknown.
15. Birthplace

16 (a) Informant Teressa Pucelli.
(b) Address Johnny Cake Road, Ellicott

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 22 (month) (day) 39 (year)
(c) Cemetery ~~or crematory~~ New Cathedral Cemetery
Location Baltimore, Md.

18 (a) Funeral director Pennington & Son
(b) Address Havre de Grace, Md.

19 (a) Oct 20th (Date rec'd by registrar) (b) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 20 1939, at 12:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw him alive on 19 .

Immediate cause of death Hemorrhage Rt. Pleural Cavity

Due to Laceration Rt. Pleura & Lung

Due to Fracture 8-9-10 Ribs

Other conditions Frac. Rt. Arm - Sternum Rt. Clavicle (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Oct. 20, 1939
(c) Where did injury occur? Belvemp (City or town) Harford (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Bata Shoe Co. (Specify type of place) While at work? Yes
(e) Means of injury Fell from Scaffold

23. Signature J. H. Lamsey M.D. Dep. Med. Examiner
Address Aberdeen Md. Date signed 10/20/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
RECORDED
OCT 26 1939
BUREAU V. S.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 185

10094

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Harford
(b) City or town Havre de Grace
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Harford Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in this community (yrs., mos., or days) 20 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Harford.
(c) City ~~or town~~ Havre de Grace.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Edward Radford

3 (b) If veteran, name war

3 (c) Social Security No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife ✓

6. (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) March 20th 1887

8. AGE: Years	Months	Days	If less than one day
52	7	10	____hr. ____min.

9. Birthplace Norristown, Pa.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Henry Radford
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Nancy Budds
15. Birthplace Norristown, Pa.

16 (a) Informant Edward Radford
(b) Address Havre de Grace, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Nov. 2. 1939. (month) (day) (year)
(c) Cemetery ~~or crematory~~ County Cemetery.
Location Havre de Grace, Md.

18 (a) Funeral director Pennington Brown
(b) Address Havre de Grace, Md.

19 (a) Nov 2nd 1939 (Date rec'd by registrar) (b) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death October 30th 1939, at 10:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 12th 1939, to Oct. 30th 1939, and that I last saw him alive on Oct. 30th 1939.

Immediate cause of death	Duration
Cardiac Insufficiency	
Due to Chronic Myocarditis	
Due to Senility	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Sellers M.D. (M. D. or other)
Address Havre de Grace Md. Date signed 11-2-39

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NOV 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (11-a)

Reg. Dist. No. 18-

10095

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Harford County

(b) City or town Havre de Grace (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Harford Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Harford

(c) City or town Havre de Grace Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 712 Ontario St (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME John Redmond

3 (b) If veteran, name war: —

3 (c) Social Security No.: —

4. Sex: male

5. Color or race: White

6 (a) ~~Single, married~~, widowed, ~~or divorced~~: widower

6 (b) Name of husband ~~or wife~~: Mary Atkinson Redmond

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct 23-1849

8. AGE: Years 90 89 | Months 11 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual occupation ____

11. Industry or business Retired

FATHER

12. Name Francis Redmond

13. Birthplace Ireland

MOTHER

14. Maiden Name ____

15. Birthplace Ireland

16 (a) Informant Harford Memorial Hospital

(b) Address Havre de Grace, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 7, 1939 (month) (day) (year)

(c) Cemetery or crematory Angel Hill

Location Havre de Grace, Md.

18 (a) Funeral director Pennington & Son

(b) Address Havre de Grace Md.

19 (a) Oct 6th (Date rec'd by registrar) (b) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 4-1939 19__, at 6 45 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 27 1939, to October 4 1939, and that I last saw him alive on October 4 1939.

Immediate cause of death	Duration
Cerebral hemorrhage	
a Concussion	
Due to Fall off roof	
Due to ____	
Other conditions Old age infirmities	

(Include pregnancy within 3 months of death)

Major findings:

Of operations ____

Of autopsy ____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Fall off a roof

(b) Date of occurrence Sept 27

(c) Where did injury occur? Havre de Grace Harford Md (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No

(e) Means of injury Fell off roof

23. Signature Frank Corbett M.D. (M. D. or other)

Address Havre de Grace Date signed Oct 4, 1939

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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NOV 3 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

CITIES CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(158)

10096

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
County Harford
City ~~or town~~ Havre de Grace, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) all his life.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Havre de Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Howard B. Springer.

3. (b) Social Security Number

4. Sex: male
5. Color or race: white
6. (a) Single, ~~married, widowed, or divorced~~: Single.
6 (b) Name of husband or wife —
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) April 6 - 1939.

8. AGE: Years — Months 6 Days 8 If less than one day — hrs. — min.

9. Birthplace Havre de Grace, Md.
(Town, county, and state)
10. Usual occupation —
11. Industry or business —

FATHER
12. Name Howard B. Springer.
13. Birthplace Delaware.

MOTHER
14. Maiden name Florence Hayes.
15. Birthplace Havre de Grace, Md.

16. Informant Howard B. Springer,
Address Havre de Grace, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Oct. 16 - 1939. (month) (day) (year)
Cemetery ~~or crematory~~ Angel Hill Cemetery
Location Havre de Grace, Md.

18. Funeral director Pennington & Son.
Address Havre de Grace, Md.

19. Oct. 15th 1939 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 15th 1939, at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 5th 1939 to Oct. 15th 1939, and that I last saw him alive on Oct. 14th 1939.

Immediate cause of death: Malnutrition

Due to Primary cause of the malnutrition: Unknown. Q.E.R.

Due to No more obtainable

Other conditions Cardiac Exhaustion

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James H. Bay M. D. or other
Address Havre De Grace Md Date signed Oct 16th 39

RECEIVED
NOV 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (68)

WITHIN CORPORATE LIMITS OF

10697

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Havre de Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 855 Ontario St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Harford
City or town Havre de Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 855 Ontario St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ns

3. (a) FULL NAME Ephraim Thurston

3. (b) Social Security Number ns

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Beulah I. Thurston
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Aug. 23 1885
8. AGE: Years 54 | Months 2 | Days 3 | If less than one day ____ hrs. ____ min.
9. Birthplace: Freeport, L. I. N. Y. (Town, county, and state)
10. Usual occupation: Painter and Paper Hanger
11. Industry or business: Self
FATHER 12. Name: Lister Thurston
13. Birthplace: N. Y.
MOTHER 14. Maiden name: Sarah Jane Johnson
15. Birthplace: N. Y.
16. Informant: Mrs. Beulah I. Thurston
Address: Havre de Grace, Md.
17. Burial (Burial, cremation, or removal? Which?) Date thereof Oct. 29 1939 (Month) (day) (year)
Cemetery or crematory: Wesleyan Chapel
Location: Harford Co. Md.
18. Funeral director: R. Madison Mitchell
Address: Havre de Grace Md.
19. Oct-28th 1939 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 26, 1939, at 3:00 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 23 1939 to Oct. 26 1939, and that I last saw him alive on Oct. 26 1939.

Immediate cause of death: Cerebral Hemorrhage — DURATION 1 Hr
Due to: Cardiac failure
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: F. O. Steiner M. D. or other
Address: Havre de Grace Md. Date signed Oct 27 39

RECEIVED
NOV 3 1939
BUREAU V. S.

10098

STATE OF MARYLAND—CERTIFICATE OF DEATH

(30)

1. PLACE OF DEATH

County Harford Registration Dist. No. 184

Village ~~or City~~ Dublin Harford Co., No. Md St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Lee L. Tomlinson If U. S. Veteran, specify WAR

(a) Residence: No. ___ St., ___ Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (~~write the word~~): Married

5e. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Sarah F. Tomlinson

6. DATE OF BIRTH (month, day, and year) Oct. 7, 1853

7. AGE: Years 86 | Months no. | Days 16 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Housework

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Washington Co., Va Va

FATHER

13. NAME Wm. Tomlinson

14. BIRTHPLACE (~~city or~~ town) (State or country) Washington Co., Va.

MOTHER

15. MAIDEN NAME Ann E. Love

16. BIRTHPLACE (~~city or~~ town) (State or country) Washington Co., Va

17. INFORMANT (Address) Mrs. Lee L. Tomlinson Street, Md. R. D.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Mountain View Cem. Marion, Va Date Oct 25, 1939

19. UNDERTAKER (Address) H. S. Bailey Darlington Md

20. FILED Oct. 24, 1939. M. W. Kirk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. (Month) 23 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 1938, to Oct. 21st, 1939

I last saw him alive on Oct. 21, 1939; death is said to have occurred on the date stated above, at 9 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset

Tuberculosis of prostate glands + bladder.

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did Injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ___

Nature of Injury ___

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ___

(Signed) H. E. Arthur M. D.

(Address) Cardiff, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (186-a)

Reg. Dist. No. 185

10099

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Harford

(b) City ~~or town~~ Havre de Grace, Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Harford Memorial Hospital.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 142 North East Ave
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME John Vachino

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race white

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~ married.

6 (b) Name of ~~husband or~~ wife Lotna Fietta Maria Vachino

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug. 16 - 1883.

8. AGE: Years 56 | Months 2 | Days 3. | If less than one day — hr. — min.

9. Birthplace Italy.
(Town, county, and state)

10. Usual occupation Cement Finisher.

11. Industry or business

FATHER
12. Name Michael Vachino.
13. Birthplace Italy.

MOTHER
14. Maiden Name Antonia Gionetti,
15. Birthplace Italy.

16 (a) Informant Frank V. Pipitone
(b) Address Baltimore, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Oct. 23 - 39. (month) (day) (year)

(c) Cemetery ~~or crematory~~ Holy Redeemer Cem.

Location Baltimore, Md.

18 (a) Funeral director Frank V. Pipitone

(b) Address Baltimore, Md.

19 (a) Oct 20th (Date rec'd by registrar) (b) James H. Bay Registrar

MEDICAL CERTIFICATION

20. Date of death Oct. 20 1939, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on ____ 19__.

Immediate cause of death Cerebral Concussion and Intracranial Hemorrhage

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide accident

(b) Date of occurrence Oct. 20, 1939

(c) Where did injury occur? Behamp (City or town) Harford (County) Md. (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Bata Shoe Co. (Specify type of place) While at work? yes

(e) Means of injury Fell from Scaffold

23. Signature J H Lamsey M. D. Dep. Med. Exam. M.D. or other

Address Aberdeen, Md Date signed 10/20/39

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10106

Reg. Dist. No. 184

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford
City or town: Darlington, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 71 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Harford
City or town: Darlington, Md. Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John Richard Williams

3. (b) Social Security Number: 212-18-5706

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife: Mary Williams

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 10, 1861

8. AGE: Years	Months	Days	If less than one day
71	9	14	hrs. min.

9. Birthplace: Harford Co., Md. (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: On road.
12. FATHER — Name: Richard Williams
13. FATHER — Birthplace: Prince George Co., Md.
14. MOTHER — Maiden name: Celia Hollis
15. MOTHER — Birthplace: Harford Co., Md.
16. Informant: Walter Williams
Address: Street, Harford Co., Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 27 1939 (month) (day) (year)
Cemetery or crematory: Clarks Chapel Cem.
Location: Harford Co., Md.
18. Funeral director: H. S. Bailey
Address: Darlington, Md.
19. Oct. 25 1939 (Date rec'd by registrar) M. D. Kirk Registrar

MEDICAL CERTIFICATION 12-30

20. DATE OF DEATH: Oct. 24, 1939, at A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 20 1939 to Oct. 24 1939 and that I last saw him alive on Oct. 22 1939

Immediate cause of death	DURATION
Myocarditis	
Edema	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: L. P. Arnold M. D.
M. D. or other
Address: Darlington, Md. Date signed

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